CORIZON HEALTH℠

Utilization Management

UM1000

UTILIZATION MANAGEMENT MANUAL

2017

UM1000

Level of Care – LOC: care received status, i.e. outpatient care, observation, inpatient and/ or emergency room. Inpatient care is further delineated as medical/surgical care, ICU, stepdown, obstetrical, etc.

Major Surgery: is any invasive operative procedure in which a more extensive interrogation is performed, e.g. a body cavity is entered, organs are removed, or normal anatomy is altered. In general, if a mesenchymal barrier is opened (pleural cavity, peritoneum, meninges), the surgery is considered major

Minor Surgery: is any invasive operative procedure in which only skin or mucus membranes and connective tissue is interrogated e.g. vascular cut-down for catheter placement, implanting pumps in subcutaneous tissue. Procedures in which the surgical field cannot be effectively disinfected, e.g. tooth extractions and gingival grafts, will generally be considered minor. This category also includes biopsy, an invasive operative procedure for procurement of tissue samples or body fluids using a needle or trocar.

Minor surgical procedures may be done in a laboratory setting using appropriate aseptic technique, including a clean work area, preparation and disinfection of the surgical site including clipping of the hair and surgical scrub of the skin, draping of the surgical site with sterile drapes, mask by the surgeon and any assistants working in the surgical field.

Multiple Encounter Requests - One form/request is used to enter requests for "multiple encounters." In these instances, the "multiple encounters" request must be for the same type of service. For example, a request for multiple dialysis visits.

Need More Information - NMI: a request from the Physician Reviewer for additional information to clarify or further define the request for services

Outpatient / Offsite Referral - OPR: request for offsite specialty services, initiated by site medical provider when the inmate requires services not available at the site level. All OPRs are subject to review by the appropriate Physician Reviewer and determination is based on medical necessity. Except in the case of an urgent condition/situation, no offsite services should be completed until authorization is received.

There are 3 specific referral designations and designated timeframes for completion (except where specified by contract):

- Routine Referral – 5 – 10 Business Days
- Urgent Referral - 1 – 2 Business Days
- Emergent Referral - Same Day, To Be Handled by site/nurse

Patient Centered Care Tracking List - T-List: UM Specialist list identifying those case which require InterQual review prior to submitting to the appropriate Physician Reviewer, and those that do not require IQ review prior to submission.

Any referral request that does not appear on the current list is assumed to be part of the list that requires IQ review and IQ documentation must be noted.

Physician Reviewer - PR: A reviewing physician in any category – Regional Medical Direct, RMD; Assistant Regional Medical Director, ARMD; and/or Utilization Management Medical Director, UMMD

CORIZON HEALTH

EFFECTIVE	REVISED	NUMBER
10.01.17	09.25.17	UM007.2

POLICY & PROCEDURE

ORIGINATING DEPARTMENT: Utilization Management

Scot Ward
EVP and Chief Administration Officer

SUBJECT: Interstate Compact Inmate

Company shall be defined as Corizon Health, Inc. Corizon LLC, Corizon Health of New Jersey, LLC, PharmaCorr, LLC, Genesis Behavioral Services, Inc., and/or any other affiliated legal entities.

PURPOSE

To ensure all Utilization Management Department personnel adhere to established standardized processing guidelines while following contract requirements and assist our site team partners in providing exceptional service to our clients and care to our patient population.

POLICY

The policy will address, manage and track the Interstate Compact Inmates.

- Corizon Inmate housed in another state
- Corizon housing an inmate from another state.

PROCEDURE

The Department of Correction representative will notify Corizon Health Services Administrator (HSA) or site designee of an Interstate Compact Inmate being housed in a Corizon contracted facility or a non-contracted facility and provide the home site authorization for services to be provided. If the Department of Corrections does not have the authorization they will provide the site HSA or site designee with the proper contact for assistance. It is the responsibility of the site HSA or site designee to notify the Utilization Management Specialist with appropriate information.

Upon notification, the Utilization Management Specialist or designee will follow below accordingly:

- **If the inmate's Home Site is Corizon contracted site and being housed in another facility, (regardless if that facility is a Corizon contracted facility or not):**
  - No authorization is required in CARES
  - Regional Office will receive request to approve service that will be completed in another state, the clinical determination will be made per the Regional Office Protocol.
  - If determination to proceed with requested services:
    - the Regional Office will provide the non-contracted facility with the billing address to submit claims

        - once claims are received they will be processed internally, not through the current UM platform
    - If determination is made not to proceed with requested services:
        - Regional Office will notify requesting site services are not authorized
        - Regional Office will follow Regional Protocol for tracking this patient in the event claims are received

- **If the inmate's Home Site is not a Corizon contracted site and being housed in a Corizon contracted facility:**
    - The site medical provider will complete the appropriate request for services and obtain authorization to proceed from Home Site
    - Upon receipt of approval from home site the site designee will enter request in the current UM platform and select Corizon not responsible, attach any corresponding emails or documents pertaining to the case, and note the home site approval
    - Once received the UM Specialist will verify the information and ensure appropriate fields are completed, enter an accounting memo with the Home Site's approval info, add an attribute (Non-Corizon IM) and approve the request via Abbreviated Review List.

Corizon Outpatient Services Subject to Abbreviated Review

After review, consideration and discussion among Corizon Physician Reviewers, it has been determined certain Outpatient (OP) specialty services that may be requested are very appropriate as a portion of an existing treatment plan. These services will be subject to review by Utilization Management Nurse Reviewers based on a limited set of criteria developed by the Physician Reviewer team. When a request for referral for one of these services is received, the referral response will be returned "Approved" to the site by the Nurse Reviewer. If, for any reason, the Nurse Reviewer is concerned about the service request, the Nurse Reviewer will perform a routine review.

Following is a list of Outpatient services eligible for the abbreviated review process:

Cardiology
- Pacemaker/ICD checks

Endocrinology
- Fine needle aspirations of thyroid nodule
- Administration of I-131 when recommended by endocrinologist

ENT
- Biopsy of vocal cord lesion

Hepatic
- Liver and spleen US in cirrhotic patients

Gastrointestinal
- Positive FOB for colon cancer screening and with colonoscopy

Genitourinary
- Indwelling catheter: tube changes, including SP tubes and nephrostomy tubes
- Hydroureter or hydronephrosis due to stone lodged in ureter
- Non-reducible phimosis

Nephrology/Dialysis related services
- Vein mapping
- Fistulogram for fistula problems
- Any catheter related procedure
- Ongoing dialysis

Hematology/Oncology
- Chemotherapy with a previously authorized treatment plan on-site or in an outpatient setting only. Inpatient services require pre-authorization.

- Placement/replacement of an access port for patient *with an established chemotherapy plan*
- Routine follow up post chemotherapy in a physician's office
- Bone marrow biopsies requested by Hematology/Oncology (DOC contracts only)

Neurology
- White matter plaques on MRI of the brain

Obstetrics
- Prenatal Evaluations
  - Monthly through week 32
  - Weekly 33 weeks through delivery
- Abnormal uterine bleeding during the course of pregnancy
- Initial OB ultrasound for dates and 2nd OB ultrasound around 20 weeks for anatomy
- OB methadone clinics
- Scheduled Induction of Labor

Ophthalmology
- Cataract surgeries follow-ups (next day, 1 week and 1 month follow-ups)
- Ophthalmology follow-up for suture removal
- Patients on active Plaquenil therapy
- Initial office visit for suspected Glaucoma
- Visual field testing in patients with Glaucoma
- Glaucoma evaluations every 6 months for patients receiving treatment

Optometry
- State of contract requirement for eye exam (DOC only)
- Annual diabetic exams (DOC contract only)

Oral Surgery / Dental
- Unstable mandibular/maxillary fracture
- Removal of fracture hardware

Orthopedics
- Orthopedic follow-up while casted/external hardware

Women's Health – Cancer Screening
- Colposcopy for pap smears CIN II or greater with dysplasia, LGSIL, HGSIL (3)
- Mammography for palpable breast mass
- Routine mammogram after 40 and thereafter

- PICC line placement for long term IV therapy
- First post-op follow-up for major surgeries (Orth, Ophthalmology, GI, GYN, etc.)
- For procedures like biopsies, endoscopies, colonoscopies, etc. the follow-ups can be approved if there were abnormal findings. If the results are normal, refer to UMMD / RMD for review.

Workman's Compensation – verified Worker's comp

- Referrals for off-site services that should be covered under Worker's Comp
  - Abbreviated Review
  - Corizon Not Responsible
  - Indicate Workman's Comp in OTHER COVERAGE

What is the goal of Utilization Management and what guidelines are used for decision support?

- The goal of utilization management is to ensure the service provided is:
  - Medically necessary (determined by evidence-based clinical standards of care, reasonable and appropriate),
  - In the right setting (hospital, outpatient clinic, urgent care, infirmary, observation, inpatient, outpatient), and
  - At the right time
- Corizon uses McKesson's InterQual decision support criteria as one tool to evaluate whether a procedure is recommended based on evidence of medical necessity. The UM team runs InterQual criteria for: Radiological testing, surgical procedures, OB ultrasounds, Dexa scans, diagnostic testing, and more to support physicians in their review process.
- InterQual's Clinical Content is solely intended for use as screening guidelines with respect to the medical appropriateness of healthcare services and not for final clinical determinations concerning the type or level of medical care provided, or proposed to be provided, to a patient.

How does this initiative align with the Blue Print for Change?

- People- We're focusing on making the RMD role a more engaging and partner facing position, hiring dedicated people to manage the objective reviews.
- Patients- Focusing on patients by ensuring the right care at the right place and the right time. Focusing on quality by freeing RMDs to focus on chronic and infirmary care as well as prioritizing the training and mentoring component of their role.
- Process- Focusing on core process and data to ensure that the program not only makes sense during planning, but that it produces measurable and sustainable results.
- Partners- Focusing on our partners by realigning and streamlining this program which will give RMDs more time to spend on partner relationships. In doing so, we'll also be establishing a best in class Utilization Management program for outpatient services across state contracts.

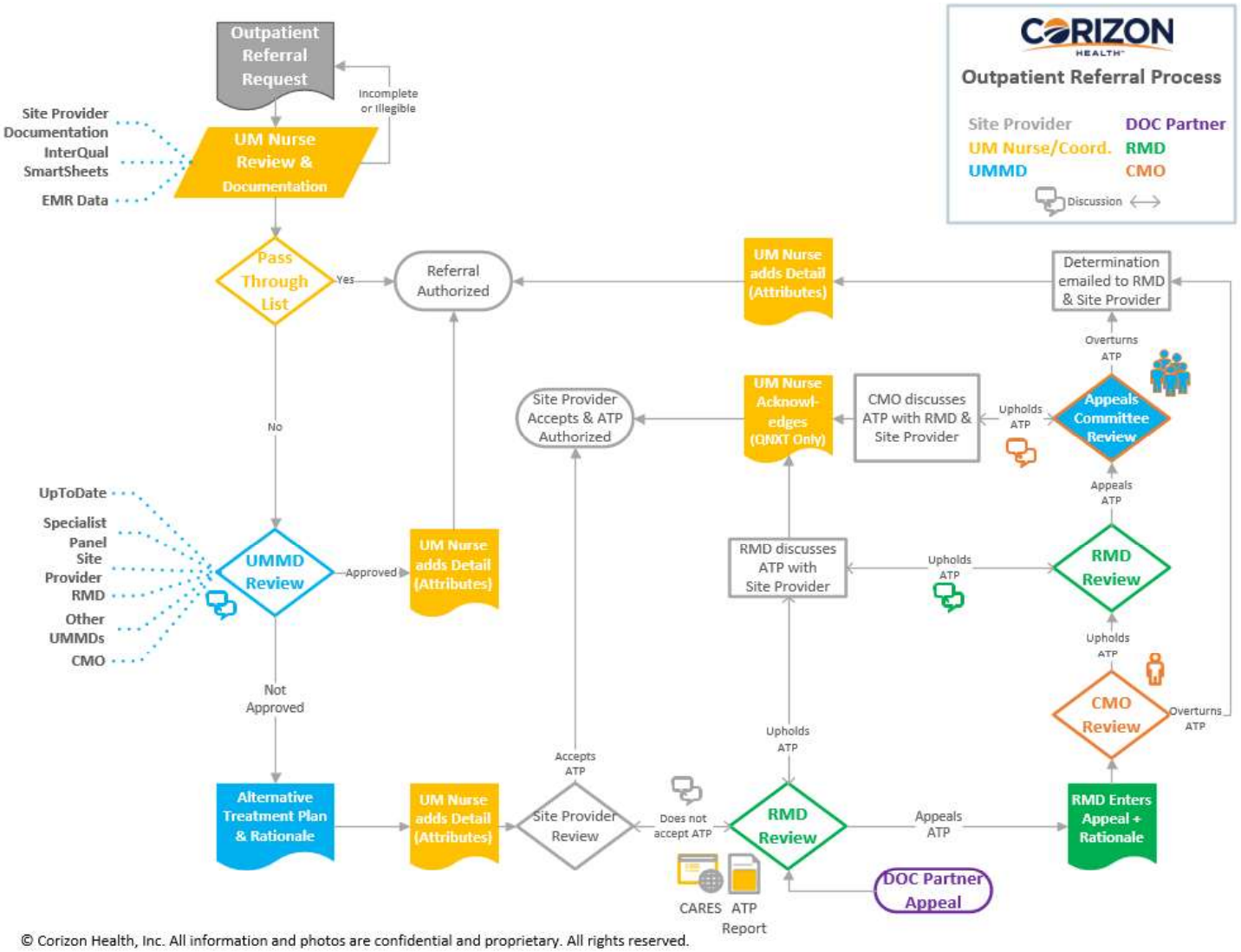
What does this mean to me?

- DOC Partners - You should experience no recognizable change in process or timeliness of UM decisions. We expect you will observe a greater level of consistency and transparency in our UM process.
- Operations Leaders – You may receive some questions from partners who have historically engaged directly with the RMD regarding patient-specific UM decisions. While these may continue, it is important to understand that for the sake of patient safety and our collective legal protection, we are following a formal process for appealing UM decisions.
- RMDs – You no longer will be required to review all requests for offsite outpatient visits and direct inpatient admissions. A dedicated team of physicians will review the request along with a nurse-prepared InterQual assessment and make a decision to approve the offsite encounter or recommend an alternative treatment plan. If you disagree with the decision, you will have an opportunity to submit an appeal, which will be reviewed by a committee chaired by our CMOs.
- Site Providers - You will submit outpatient referral requests to the UM department as usual. An approval or ATP will be returned to you. In the event that you and your RMD disagree with the decision, you will work with your RMD to submit an appeal, which will be reviewed by our CMO.
- UM Nurses – You will see very little change in your daily process. The most significant will occur after you have completed your InterQual assessment. Rather than the RMD, you will route the referral to the assigned UMMD.

How will the success of this program be measured?

- Monitoring variability across states, sites, providers and physician reviewers for the following criteria: consistency, productivity, outcomes, and audit. We will focus specifically on outpatient referrals/1,000, claims/1,000, referrals per UMMD, claims without a referral, ATPs and % ATPs overturned.
- Each state will be assigned 2 primary UMMDs to support objectivity and reduce the likelihood of UMMD bias.
- Implementing a feedback loop so we can adjust as needed based on quantitative and qualitative results:
  - 30/60/90 day review (RMDs & UMMDs)
  - Quarterly interrater reviews of UMMDs

Utilization Management Core Process Workflow: Physician Review for Department of Corrections' Outpatient Services



For more info: See Daily ATP Report, Abbreviated List, T-List, updated UM Policy, new Appeals Policy, Overview & FAQs for DOC.